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PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office; US DEPARTMENT OF COMMERCE

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**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**

**Attorney Docket No.** 71189-1573  
**First Named Inventor** Michael A. Johnson

**COMPLETE IF KNOWN**

☒ Declaration submitted with or initial filing  
☐ Declaration submitted after initial filing

**Application No.**  
**Filing Date**  
**Group Art Unit**  
**Examiner Name**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURFACE CLEANER WITH FOLDING UPRIGHT HANDLE AND METHOD OF  
PACKAGING SAME

(Title of the Invention)

the specification of which

☒ is attached hereto  
or

☐ was filed on \_\_\_\_\_, as United States Application Number or PCT International Application Number: \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto;

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/319,763	12/10/02	

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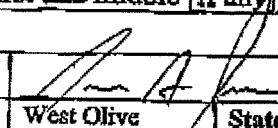
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### DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
<input checked="" type="checkbox"/> Customer Number 20915 Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
		Place Customer Number Bar Code Label Here	
Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	G. Thomas Williams	42,228
Joel E. Bair	33,356	Michael F. Kelly	50,859
Mark A. Davis	37,118		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label		20915	or <input type="checkbox"/> Correspondence Address below
Name	John E. McGarry, Reg. No. 22,360 McGarry Bair PC		
Address	171 Monroe Avenue, NW, Suite 600		
City, State, Zip	Grand Rapids, Michigan 49503		
Country	US	Telephone	616-742-3500
		Fax	616-742-1010
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Michael A.		Johnson	
Inventor's Signature			Dated 12-09-03
Residence: City	West Olive	State	MI
		Country	US
Post Office Address	12069 Gaddini Court		
City	West Olive	State	MI
		Zip	49460
		Country	US
<input type="checkbox"/> Additional inventors are being named on the supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Kevin S.				Breuker			
Inventor's Signature						Dated 12-9-03	
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Post Office Address		4252 Heritage Drive					
City		Hudsonville		State MI		Zip 49426	
						Country US	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City				State		Country England	
Post Office Address							
City				State		Zip	
						Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City				State		Country	
Post Office Address							
City				State		Zip	
						Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Dated	
Residence: City				State		Country	
Post Office Address							
City				State		Zip	
						Country	